Other		
Date Given (Mo/Day/Yr)	Doctor/Clinic	Date Next Dose Due

Other		
Date Given (Mo/Day/Yr)	Doctor/Clinic	Date Next Dose Due

Other		
Date Given (Mo/Day/Yr)	Doctor/Clinic	Date Next Dose Due

Other		
Date Given (Mo/Day/Yr)	Doctor/Clinic	Date Next Dose Due

Other		
Date Given (Mo/Day/Yr)	Doctor/Clinic	Date Next Dose Due

Influenza Vaccine (One each year)			
Date	Date	Date	Date
Pneumococcal (adult)			

ATTENTION PARENTS

All parents want their children to be free of disease. We urge you to discuss with your local health department and family doctor how your children can best be protected from diseases.

EXHIBIT 2

OFFICIAL MONTANA IMMUNIZATION RECORD

HB 162

State of Montana

BlueCross BlueShie
of Montana

An Independent Licensee of the Blue Cross and Blue Shield As
®Registered Marks of the Blue Cross and Blue Shield Associ
an Association of Independent Blue Cross and Blue Shield

NAME _____

BIRTHDAY _____ SEX _____

ALLERGIES _____

_____

You will need this lifetime immunization reco
child care, school, camp, college, the mil
travel, employment, or long-term care facil

DON'T LOSE THIS CARD

IF FOUND RETURN THIS CARD TO THI
NEAREST HEALTH DEPARTMENT

EXHIBIT 2
DATE 1-14-05
HB 162

Name:_____ Birthday: _____

Diphtheria, Tetanus, and Pertussis

✔ type given

DTaP	DT	Adult Td	Date Given (Mo/Day/Yr)	Doctor or Clinic	Date Next Dose Due

Haemophilus influenze type b (Hib)

Brand Name	Date Given (Mo/Day/Yr)	Doctor or Clinic	Date Next Dose Due

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

Polio

✔ type given

IPV	OPV	Date Given (Mo/Day/Yr)	Doctor or Clinic	Date Next Dose Due

Measles, Mumps, Rubella (MMR)

✔ type given (i.e. MMR=✔✔✔)

Me	Mu	Ru	Date Given (Mo/Day/Yr)	Doctor or Clinic	Date Next Dose Due

Hepatitis B (Hep B)

Date Given (Mo/Day/Yr)	Doctor/Clinic	Date Next Dose Due

TB Test

Date Administered (Mo/Day/Yr)	Result

Varicella

Date Given (Mo/Day/Yr)	Doctor/Clinic	Date Next Dose Due

Pneumococcal (children)

Date Given (Mo/Day/Yr)	Doctor/Clinic	Date Next Dose Due

Hepatitis A

Date Given (Mo/Day/Yr)	Doctor/Clinic	Date Next Dose Due